

# Healthcare Payment Solutions

As the world of healthcare becomes more complex, a U.S. Bank Health Savings Account (HSA) is a great option for saving money and managing your healthcare costs. We believe that as individuals gain more control over their healthcare spending, they also gain power over their healthcare decisions and make smarter choices. Smart for your health, and your wallet!

Before you begin, you will need the following information:

- Code: **EEB-OEBHSA**
- Social Security Number
- Dependent(s) Social Security Number and Date of Birth (*only if you plan to designate a dependent for secondary debit card or beneficiary designation during the enrollment process*)

To open an HSA online, visit [www.mycdh.usbank](http://www.mycdh.usbank), click on the Participant Log In button and follow the simple steps below.

Participant Log In

## Step 1:

Enter your Code (provided above) under **New account** and select **Get Started**.

## Step 2:

Enter your personal information.

- Fields with a red asterisk (\*) are required.
- An email address is required to provide you with the necessary notifications, monthly account statements and other important information

## Step 3:

You will be prompted to establish responses to security questions in the event that you forget your password or when you process certain account transactions. Select **Next** to continue.

## Step 4:

Enter Dependent information and select **Add Dependent** (if applicable). Once added, the dependent(s) will display at the top of the page under the My Dependents section. Select **Next** to continue.

**Note:** If you intend to issue additional payment cards to qualified dependents, you must add them as a dependent first.

## Step 5:

Review the HSA Qualifications and certify that you are eligible for an HSA. Choose the **Qualifying Health Plan Coverage** level (Individual or Family) from the drop down menu. Select **Next** to continue.

usbank Healthcare Payment Solutions

Login

Login to your account

Username:

Password:

Login

Can't login?

I forgot my username

I forgot my password

New user?

Create your new username and password

New account

Open an HSA

If you wish to open an HSA and are not enrolling through your employer, select "Get Started" and follow the prompts.

I have an enrollment code

If presented with a "Code" field, please use the enrollment "Code" provided to you to ensure you receive all of your applicable HSA benefits.

Code:

Get Started

Create Account

Please enter the following personal information to create your account. Create a username and password to login to your account in the future.

Personal Information

\* First Name:

Middle Initial:

\* Last Name:

\* Birth Date:

Format date as mm/dd/yyyy.

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* ZIP Code:

\* Email Address:

\* Confirm Email Address:

Login Information

\* Username:

Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (\_), and dash (-).

\* Password:

The password must: - Have a minimum of 7 characters - Not be one of your last 5 passwords - Contain upper and lowercase letters - Contain at least one number

## Selecting additional payment types:

### Step 6:

Review the Payment Methods and if selecting Direct Deposit to have reimbursements routed to your personal checking or savings account, enter your bank account information.

You will automatically receive an HSA Payment Card in your name. If desired, select **Issue Card** for your spouse and/or qualified dependent(s) (if applicable). **Note:** To issue a card for qualified dependents, they must be 18 years of age or older. Select **Next** to continue

### Step 7:

Add new beneficiaries or you can select the beneficiaries from the Dependents box, located on the right-hand side of your screen (this will pre-fill the information) and adjust your Share Percentage (must be a whole number). Select **Add Beneficiary**.

Note: To add a contingent beneficiary (if applicable) choose the individual from the Dependents box or complete the required fields and adjust Share Percentage. Select **Add Beneficiary**. Select **Next** to continue.

### Step 8:

Review the HSA Terms and Conditions and click the checkbox confirming you have read and agreed. Select **Next** to continue.

### Step 9:

Review your Enrollment Summary and select **Update** if changes are needed. Select **Next** to continue.

### Step 10:

Review the HSA Account Creation Authorization and **Check** that you have read and agreed to each paragraph. Select **Submit Enrollment** to continue.

**HSA Enrollment: Creation Authorization**  
Profile Dependents Eligibility Election Payments Beneficiaries T & C Summary Confirmation

By submitting the enrollment, you are requesting that a Health Savings Account (HSA) be opened in your name.

I affirm that all information I have provided is true and correct and may be relied upon by the Designated Representative and the HSA Custodian.

I understand the eligibility requirements for this HSA and I state that I am responsible for determining whether I qualify to make deposits to this HSA. I am responsible for:

- A. Determining that I am eligible to make contributions to an HSA for each year I make a contribution;
- B. Ensuring that all contributions are within the maximum limitations set forth by the tax laws, taking into account my coverage and the applicable deductible under a high deductible health plan;
- C. The tax consequences of any contributions (including rollover contributions) or distributions;
- D. Seeking the assistance of a qualified tax or legal professional to address any questions or concerns I may have about eligibility, contribution limitations, or the taxation of contributions or distributions from my HSA.

I certify that I have received a copy of the enrollment form, the Designation of Representative, the Custodial Agreement and Disclosure Statement, and the Privacy Policy. I understand that I may revoke the HSA on or before seven (7) days after the date of establishment. I have not received any tax or legal advice from the Designated Representative or the Custodian, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the Custodian and Designated Representative harmless against any and all claims or losses arising from my actions.

Submit Enrollment < Previous

## Congratulations!

An HSA Enrollment Confirmation screen will appear when you have successfully enrolled. Please print this confirmation page for your records.

Your U.S. Bank payment card(s) will be mailed within 7 – 10 days.

**HSA Enrollment: Confirmation**  
Profile Dependents Eligibility Election Payments Beneficiaries T & C Summary Confirmation

Congratulations, you have successfully enrolled in the following pre-tax benefits. Please print this page for your records.

	My Election	My Total Election	Employer Contribution	Total
Health Savings Acct	\$0.00	\$0.00	\$0.00	\$0.00

If desired, a document explaining your [Next Steps](#) can be downloaded now or you can access it at any time under [Form](#).

Home Print

Thank you for selecting the U.S. Bank HSA; we look forward to serving you.

If you have any questions, please contact U.S. Bank Consumer Services at [myusbank@hcbconsumerservices.com](mailto:myusbank@hcbconsumerservices.com) or call 877-470-1771, Monday – Friday, 7:00 a.m. – 7:00 p.m. CT.

U.S. Bank Healthcare Payment Solutions

All of **us** serving you™

